

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3625

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) Highway 61 and Meherville OR TOWN c. LENGTH OF NORMAL RESIDENCE (in this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis OR TOWN d. STREET ADDRESS (If rural, give location) 1900 Nebraska Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 1900 Nebraska Ave.			
3. NAME OF DECEASED (Type or Print) ROSALIA		b. (Middle Name) SWATSICK		c. (Last) SWACZYK		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13-1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 9, 1861	
9. AGE (In years last birthday) 87		10. MONTHS 5		11. DAYS 4		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) Austria				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Andrew			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Michael J. Swatsick			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cardiac vascular disease DUE TO (c) generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 hrs. several yrs. several yrs.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 93 400				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____	
21e. (STATE) _____		21f. HOW DID INJURY OCCUR? _____		21g. (CITY, TOWN, OR TOWNSHIP) _____		21h. (COUNTY) _____	
21i. (STATE) _____		21j. (CITY, TOWN, OR TOWNSHIP) _____		21k. (COUNTY) _____		21l. (STATE) _____	
22. I hereby certify that I attended the deceased from Dec 20, 1948, to 1-13, 1949, that I last saw the deceased alive on 1-13, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edwin S. Creelius M.D.				23b. ADDRESS 752 Locust Street St. Louis, Mo.		23c. DATE SIGNED 1-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) St. Louis, Mo.	
24e. (State) _____		24f. (State) _____		24g. (State) _____		24h. (State) _____	
DATE REC'D BY LOCAL REG. 1-14-49		REGISTRAR'S SIGNATURE Thurid W. Langer		25. FUNERAL DIRECTOR'S SIGNATURE Peck Funeral Home		ADDRESS 3029 Lafayette Ave.	
(Licensed Embalmer's Statement on Reverse Side) St. Louis Ave.							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....

David Van Dusen

Signed.....
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.